

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5-12-10

Address: KOHER RD @ 850 E

Case #: 24-31498

SYRACUSE, IN

County: KOSCIUSKO

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Flammable Solvents: _____
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): OPEN AIR
☒ Corrosive Acid: OPEN AIR
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: DNR

This report is to be faxed to the following agencies that serve the location:

Fire Department: SYRACUSE

Fax: 574-457-5505

Health Department: KOSCIUSKO

Fax: 574-269-2023

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: B A KAIZER 5032 Phone 800-421-4912

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.